

# Self-Directed Supports News

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Directed Supports Coordinator*

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**HRO** ~ Kelly Lockwood

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**RRO** ~ Joe Davidson

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*Welcome to the first edition of the Self-directed Supports News. Here you will find information to help us improve Self-Directed Supports (SDS) and continue to make it a valuable option for individuals and families in Missouri. In the future we will highlight success stories and other valuable information for those of you involved with SDS.*

## Department of Labor's Application of the Fair Labor Standards Act (FLSA) to Domestic Service Workers

The Department of Labor (DOL) revised its 1975 regulations pertaining to the FLSA's companionship services exemption from minimum wage and overtime, and the live-in domestic service worker exemption from overtime. These regulatory revisions, which will become effective on January 1, 2015, have implications for Medicaid home and community-based programs. Changes to this law essentially narrow the companionship exemption previously allowed and will require any employee working over 40 hours per week to be paid at one and a half times their regular rate.

How this affects individuals receiving in-home self-directed services: Because paying time and a half would exhaust your individual budget allocation and exceed the Medicaid maximum reimbursement rate, your Regional Office will no longer be able to approve special exemptions for your employees to work over 40 hours per week. Every employee will have to stay at 40 hours per week or under, no exceptions. The work week begins on Sunday at 12:00 am and ends on Saturday at 11:59 pm.

It is very important that Individuals work with their Support Coordinator and planning team to closely review the back-up plan to ensure you will have adequate supports without employees working over 40 hours per week.



# Got Choice Handbook Update

You can print or view online at <http://dmh.mo.gov/dd/progs/selfdirect.htm>

**The Got Choice Handbook was updated on 10/9/2014.**

Changes to the handbook include the following:

- ✓ Support Broker Service Page 12
- ✓ Support Broker Assessment Tool Page 13
- ✓ Unable to live with non-family member employees Page 17
- ✓ Support Broker Monthly Summary Page 22
- ✓ Community Specialist Monthly Summary Page 22
- ✓ Sleep Time Page 32
- ✓ No employee works more than 40 hours/payroll week Page 33
- ✓ Working 16 hours or more in a 24 hour period Page 33
- ✓ Are Self-Directed Supports Right For You? Page 35



## Support Broker Assessment Tool

### TOOL TO ASSESS FOR SUPPORT BROKER

The Support Broker Assessment Tool will assist in determining what supports are needed in order for the Individual/Designated Representative to be successful in self-directing their supports. This tool is available at <http://dmh.mo.gov/dd/progs/selfdirect.htm>.

Improving lives through supports and services THAT FOSTER self-determination.		SELF-DIRECTED SUPPORTS ASSESSMENT FOR SUPPORT BROKER ASSISTANCE
Individual Receiving Services: _____ Designated Representative (if applicable): _____		
A Support Broker (SB) provides the individual or their designated representative (DR) with information & assistance to secure the supports and services identified in the Individual Service Plan (ISP). The Support Broker does not do these tasks for the individual/designated representative, but provides information and assistance in order for the individual/DR to fulfill their employer related responsibilities. The goal for everyone in SD's is to move towards "independence" and for individuals and families to have the support they need in order to self-direct services. This assessment will assist in determining what supports are needed in order for the individual/designated representative to be successful in self-directing supports.		
Provide Practical Skills Training to Assist the Individual/Designated Representative in Manage Services and Supports		
	No Support needed	Details regarding the type of support needed:
Recruiting workers		
Hiring workers		
Managing workers		
Terminating workers		
Managing and approving timesheets		
Organization/ maintaining documents		
Problem solving		
Conflict resolution		
Filing grievances and complaints		
Establishing work schedules		
Understanding documentation requirements		
Assisting with monthly reviews		
Managing budget		
Seeking supports or resources		
Define goals, needs and preferences		
Development of Emergency Back-up Plan		
Employee training		
Understanding the Role of Employer/DR, SC, FMS and RO		

# Agency Support Broker Training

## TRANSITION TO AGENCY BASED SUPPORT BROKERS

We are making the transition from Independent Support Brokers to Agency Based Support Brokers. The division will no longer provide training for Independent Support Brokers.

Agencies which have Support Brokerage on their contract can choose to train their own employees as long as their Support Broker Training has been approved by the Provider Relations Lead in the region.


A copy of the current approved Support Broker Training verification form can be requested from the Self-Directed Support Coordinator should any agency with Support Broker on their contract wish to develop their own DMH-approved training.

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES www.dmh.mo.gov/dd		Improving lives THROUGH supports and services THAT FOSTER self-determination.		MISSOURI DEPARTMENT OF MENTAL HEALTH
				DMH Approved Support Broker Training Verification
(Must be completed and signed by SDSC to receive certificate)				
Support Broker Name: _____ Date: _____				
<input type="checkbox"/> Agency: _____				
<input type="checkbox"/> Self Directed Employee Address or e-mail: _____				
SDS Coordinator Name: _____ Regional Office: _____				
The Support Broker must have experience or Division of DD approved training in the following areas:				
Module #	Required Training	DMH-DD Resources	Missouri Consumer Directed Resources	Training Completed by Agency or SDSC Date
1)	Advocacy, Self-Determination	SB training		
2)	Overview of SDS	SB training		
3)	Person-centered planning	My Choice!: Guide for Creating your Own Individual Support Plan when Self-Directing Supports <a href="http://dmh.mo.gov/docs/dd/MyChoice.pdf">http://dmh.mo.gov/docs/dd/MyChoice.pdf</a>		
4)	Understanding of Support Broker responsibilities,	SB training Assist in the development of an Emergency Back-up Plan		
5)	Abuse/Neglect Training	<a href="http://dmh.mo.gov/dd/calendar.htm">http://dmh.mo.gov/dd/calendar.htm</a>		
6)	Understanding of Support Broker responsibilities,	SB training Managing Budget Authorization Got Choice handbook <a href="http://dmh.mo.gov/docs/dd/SDSGuide.pdf">http://dmh.mo.gov/docs/dd/SDSGuide.pdf</a>		
7)	Working with FMS	SB training		
8)	Understanding of Support Broker responsibilities	Consumer Directed Training Series Provide info and assist to Indiv/DR for Recruiting, hiring, managing, terminating workers,		



## Mandatory Support Broker Monthly Documentation


Please be aware that any Individual/Designated Representative who receives Support Broker Services must be notified that the Mandatory Support Broker Monthly Documentation Sheet is available on line at <http://dmh.mo.gov/dd/progs/selfdirect.htm> under 'Support Broker.' The Support Broker must complete this form monthly and provide the Individual/Designated Rep with a copy for their records. A copy will be maintained by the agency and the Support Coordinator will conduct service monitoring quarterly to ensure the documentation is present at the service site and with the agency.

 <b>Improving lives through supports and services</b> <small>THAT FOSTER self-determination.</small> <small>www.dmh.mo.gov</small> MISSOURI DEPARTMENT OF MENTAL HEALTH	<b>MANDATORY: SELF-DIRECTED SUPPORTS</b> <b>SUPPORT BROKER MONTHLY SUMMARY</b> <b>DOCUMENTATION SHEET**</b>
INDIVIDUAL RECEIVING SERVICES (include middle initial) : _____ Designated Representative : _____ (If applicable)	
Month/Year: _____ / _____ Page 1 of _____	
<small>A Support Broker (SB) provides the individual or their designated representative (DR) with information &amp; assistance to secure the supports and services identified in the Individual Service Plan (ISP). The SB does not do these tasks for the individual/DR, but provides information and assistance in order for the employer to fulfill their employer related responsibilities. The goal for everyone in SDS is to move towards 'no assistance needed'.</small>	
<small>Please provide a summary of your documentation notes for the all areas of support which were provided during the month. Please note the level of support need: 1) Total Assistance: SB is providing face to face support with step by step instruction. 2) Moderate assistance needed: Individual/ DR needs prompting and guidance to complete task. 3) Minimal Assistance: Individual/DR is able to call when assistance is needed. 4) No assistance needed in this area. <b>Monthly Summaries must be sent to the Service Coordinator and individual/DR.</b></small>	
<b>Provide Practical Skills Training to Assist the Employer in Manage Services and Supports</b> (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution, filing grievances and complaints):	
Level of Support needed: <input type="checkbox"/> Total Assistance <input type="checkbox"/> Minimal Assistance <input type="checkbox"/> Moderate Assistance <input type="checkbox"/> No assistance needed in this area	
<b>Provide Assistance with Establishing Work Schedules:</b>	
Level of Support needed: <input type="checkbox"/> Total Assistance <input type="checkbox"/> Minimal Assistance <input type="checkbox"/> Moderate Assistance <input type="checkbox"/> No assistance needed in this area	
<b>Provide Assistance in Managing Budget Authorization:</b>	
Level of Support needed: <input type="checkbox"/> Total Assistance <input type="checkbox"/> Minimal Assistance <input type="checkbox"/> Moderate Assistance <input type="checkbox"/> No assistance needed in this area	
<b>Provide Assistance in Seeking Supports or Resources:</b>	
Level of Support needed: <input type="checkbox"/> Total Assistance <input type="checkbox"/> Minimal Assistance <input type="checkbox"/> Moderate Assistance <input type="checkbox"/> No assistance needed in this area	
9/5/2014	

## Mandatory Community Specialist Monthly Documentation

If an Individual/Designated Representative uses the service of a Community Specialist, they must be aware that the Community Specialist 'Mandatory Community Specialist Monthly Documentation form is available online at <http://dmh.mo.gov/dd/progs/selfdirect.htm> .

The Community Specialist must complete this form monthly and provide the Individual/Designated Rep with a copy for their records. The Support Coordinator will conduct quarterly service monitoring to ensure the documentation is present at the service site.

 <b>Improving lives through supports and services</b> <small>THAT FOSTER self-determination.</small> <small>www.dmh.mo.gov</small> MISSOURI DEPARTMENT OF MENTAL HEALTH	<b>MANDATORY: SELF-DIRECTED SUPPORTS</b> <b>COMMUNITY SPECIALIST MONTHLY</b> <b>SUMMARY DOCUMENTATION SHEET**</b>
INDIVIDUAL RECEIVING SERVICES (include middle initial) : _____ DESIGNATED REPRESENTATIVE : _____ (If applicable)	
Month/Year: _____ / _____ Page 1 of _____	
<small>A Community Specialist is used when specialized supports are needed to assist the individual in achieving outcomes as identified in the ISP. The services of the Community Specialist assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills. A Community Specialist does not assist with employer related task associated with Support Brokerage.</small>	
<small>Please provide a summary of your documentation notes for the all areas of support which were provided during the month. Please note the level of support need: 1) Total Assistance: SB is providing face to face support with step by step instruction. 2) Moderate assistance needed: Individual/ DR needs prompting and guidance to complete task. 3) Minimal Assistance: Individual/DR is able to call when assistance is needed. 4) No assistance needed in this area. <b>Monthly Summaries must be sent to the Service Coordinator and individual/DR.</b></small>	
<b>Desired Outcome:</b> Provide professional observation and assessment, individualized program design and implementation and consultation with caregivers:	
Level of Support needed: <input type="checkbox"/> Total Assistance <input type="checkbox"/> Minimal Assistance <input type="checkbox"/> Moderate Assistance <input type="checkbox"/> No assistance needed in this area	
<b>Desired Outcome:</b> Provide support advocating for the individual, and assisting the individual in locating and accessing services and supports:	
Level of Support needed: <input type="checkbox"/> Total Assistance <input type="checkbox"/> Minimal Assistance <input type="checkbox"/> Moderate Assistance <input type="checkbox"/> No assistance needed in this area	
<b>Desired Outcome:</b> Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills.	
Level of Support needed: <input type="checkbox"/> Total Assistance <input type="checkbox"/> Minimal Assistance <input type="checkbox"/> Moderate Assistance <input type="checkbox"/> No assistance needed in this area	
Community Specialist Printed Name _____	Signature _____ Date _____
<small>**This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports Coordinator</small>	
9/5/2014	

# Service Monitoring/SDS Provider Reviews

Remember that when a Support Coordinator completes quarterly service monitoring any issues identified are to be entered into the Division's APTS tracking system. When someone from Provider Relations completes the 3 Year SDS Provider Review those APTS entries are reviewed to ensure the issues have been resolved. If the Provider Review is completed and there are findings those will be entered into APTS to be resolved to ensure the Individual/Designated Representative is following the guidelines for waiver documentation to avoid issues resulting in recoupment of money.

A copy of the Quarterly Service Monitoring and 3 Year Provider Review are to be given to the Individual/Designated Representative so they are aware of any issues needing resolution.

<http://dmh.mo.gov/dd/progs/selfdirect.htm>

**Results from Monitoring/Quality Management Referral Form**

Date: Click here to enter a date. Service Coordinator: Click here to enter text. Team: Click here to enter text.  
 Individual Name: Click here to enter text. ID #: Click here to enter text. Provider Name: Click here to enter text.  
 Provider Issue - Number of Consumers Affected: Click here to enter text. Address of Location visited: Click here to enter text.

Service Monitoring Complete and No Issues Found to Report (Circle if using paper form): Yes ☐ No ☐

Description of Issue: Click here to enter text.

Action Taken: Click here to enter text.

Domain/Category/Type (include all three): Choose an item.

Discovery Date: Click here to enter a date. Timeline Given: Click here to enter text. Resolution Verified Date: Click here to enter a date.

\* New Entry ☐ Follow-Up on Unresolved Entry ☐ Comment/Remediation: Click here to enter text.

OE Follow-up Needed (Circle if using paper form): Yes ☐ No ☐

Description of Issue: Click here to enter text.

Action Taken: Click here to enter text.

Domain/Category/Type (include all three): Choose an item.

Discovery Date: Click here to enter a date. Timeline Given: Click here to enter text. Resolution Verified Date: Click here to enter a date.

\* New Entry ☐ Follow-Up on Unresolved Entry ☐ Comment/Remediation: Click here to enter text.

OE Follow-up Needed (Circle if using paper form): Yes ☐ No ☐

**POSITIVE QUALITY OUTCOMES IDENTIFIED (check all that apply but also provide explanation for each box checked)**

<input type="checkbox"/> Community Membership	<input type="checkbox"/> Positive Behavioral Supports	<input type="checkbox"/> Plan reflects lives and supports	<input type="checkbox"/> Managing their home
<input type="checkbox"/> Personal Relationships	<input type="checkbox"/> Positive Image	<input type="checkbox"/> Live and die with dignity	<input type="checkbox"/> Shared mission in agency
<input type="checkbox"/> Values/ Roles	<input type="checkbox"/> Personal Identity	<input type="checkbox"/> Feel safe, emotional well being	<input type="checkbox"/> Agency relationships with other agencies
<input type="checkbox"/> Connected with past	<input type="checkbox"/> Control of daily lives	<input type="checkbox"/> Physical Wellness	<input type="checkbox"/> Staff Engagement
<input type="checkbox"/> Communication	<input type="checkbox"/> Opportunity to Advocate	<input type="checkbox"/> Support through lifestyle changes	<input type="checkbox"/> Agency Self Evaluation

Comments / Explanation of Positive Quality Outcomes: (Can also be used for positive comments not meeting Positive Quality Outcomes).  
 Click here to enter text.

9/9/14

## Self-Directed Supports Service Monitoring Guide

Self-Directed Supports are required to be monitored face-to-face quarterly at a MINIMUM. The descriptors for the 5 areas (domains) and interpretive guidelines are not an all inclusive list, as other issues or areas of concern should be documented if they are present. This is ONLY a monitoring guide and does not take the place of the service monitoring case note or form needed for entry into APTS.

Individual Name:	Designated Representative Name:	Date/Time of Visit:
Place of Visit:	Support Coordinator:	Service(s) Monitored:
<b>Outcomes:</b>		General Notes:
<b>Domain:</b>		Follow Up/Correction Needed?
<b>ENVIRONMENT &amp; SAFETY</b>	Does the environment create any health/safety concerns? Is the individual's home modified to meet their support needs?	
<b>INDIVIDUAL RIGHTS</b>	Are the individual's rights respected and protected? Are the employees supporting the individual in exercising their self-advocacy skills? Is the designated representative serving in the best interest of the individual? How does the individual's life reflect the principles of self-determination?	
<b>STAFF &amp; SERVICES</b>	Is the current ISP present and implemented as written? Is documentation of progress present and meaningful? Are monthly summaries completed? Has the SC and Individual/DR been reviewing monthly summary from Support Broker and Community Specialist if receiving these services? Are the ISP outcomes addressed in the monthly summaries? If family members are providing services, are they doing so in the best interest of the individual? Is there a current back-up plan in place? Are all forms present and complete as specified on the SDS EMPLOYER DOCUMENT CHECKLIST: Individual/DR File - Individual Service Plan including budget information Information available for Employees - Individual Service Plan, The Emergency Back-up Plan (to ensure adequate coverage in case of emergency) Service Documentation: MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM (archives must go back 6 years) Time recorded on this document must be consistent with what is submitted on the RMS (Missouri Consumer Direct) timesheets. Monthly summary - report documenting progress for all SDS services and budget tracking.	
<b>MONEY</b>	Having checked utilization on the Fiscal Management Service (FMS) website, is over- or under utilization a concern? Does the individual have unmet service needs which could be provided via other SDS services (i.e. support broker/community specialist)? Are all funding options being explored to help address the individual's support needs?	
<b>HEALTH</b>	Have there been reports of unusual events as documented on an EMP? Has the team followed up? Has the individual experienced any major changes that may impact his/her support needs?	

Instructions: The form on page two is to be used to notify the Individual/Designated Representative, and the assigned Regional Office Quality Assurance Specialist of any concerns found during service monitoring and how the issue is being resolved. Please use the information from the checklist to complete this form. Be brief, as this information must also go into a database.

9/9/14

# Training Documentation

Remember all Pre-Employment, Post Employment and Annual Training Checklists must be turned in by the appropriate deadline to avoid employees being deactivated from the Time Entry System. All employees must receive the "OKAY TO WORK" before any dollars from the SDS budget can pay for services. The Individual/Designated Rep must ensure that Employee Training is current to avoid having to pay employees with personal funds for time worked when the employee is not in compliance with required training. For example, Abuses and Neglect training must be completed within 30 days of the employee receiving the "Okay to Work" and every two years subsequently. If MO Consumer Direct does not receive the Post Employment Training Checklist, along with documentation of Abuse and Neglect training, then any time worked by the employee is the responsibility of the Individual/Designated Rep and they must pay the employee through MO Consumer Direct to ensure proper taxes are withheld and wages reported.





# Personal Assistant State Plan Review

Support Coordinators, this is a reminder to address the State Plan Personal Assistant services in the Individual's SDS ISP. The UR/ISP Checklist states the following has been completed and the Support Coordinator has used The DHSS Referral Process as outlined in the Support Coordinator Manual to demonstrate what they have done to ensure all state plan supports have been exhausted prior to utilizing waiver supports listed in the present plan. That process is located under section H in the Support Coordinator Manual.



Process for Referring Individuals to State Plan Personal Care

March 2014

DATE RECEIVED: \_\_\_\_\_ SUPPORT COORDINATOR: \_\_\_\_\_

INDIVIDUAL RECEIVING SERVICES: \_\_\_\_\_ DMH ID #: \_\_\_\_\_

The ISP identifies that:

\_\_\_\_\_ the name of the designated representative if one has been appointed

\_\_\_\_\_ the services being self-directed are listed and what support will be provided (Job Descriptions can be used as a tool) The ISP is used as a training document for employees and must provide enough details in order for all employees to understand what is needed to provide supports

\_\_\_\_\_ justifies any training exemptions on the Personal Assistance training checklist

\_\_\_\_\_ the 'back-up plan' to be used in the event a scheduled employee is not available to provide the services is identified in the plan.

\_\_\_\_\_ if the employer is hiring a family member (PA is only service that may be provided by family member) the plan must reflect: (Family member is defined as: a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild)

o The individual is not opposed to the family member providing the service

o The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in a family unit

o The support team agrees that the family member providing the personal assistant service will best meet the individual's needs

o The family member cannot be paid over 40 hours per week. Any support provided above this amount would be considered a natural support or unpaid care which a family member would typically provide

\_\_\_\_\_ the SDS budget calculator is present and correct.

\_\_\_\_\_ the Authorization Page matches the SDS budget calculator

\_\_\_\_\_ if individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services DDS service authorization system has been checked to ensure that these services are not being self-directed. If individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services (DHSS), service authorization system has been checked to ensure that these services are not being self-directed. (Only one Fiscal Agent can be used to report earnings and file employer and employee taxes. The MOCD contract reads: "The Employer/DR must not supplement wages to the Employee outside of this agreement. Records maintained by the F/EA will be the official records of the Employer's wages to workers, which will be reported to State and Federal tax authorities. The Employer/DR understands all earnings and taxes for Employees must be accurately reported to these taxing authorities." If the employer uses an agent, MOCD is unable to account for the total earnings by employees, accurately track Social Security credits for the employees, do an accurate year end W2 for employees, or reconcile the employer's State Unemployment with the Federal Unemployment. The Employer/DR then becomes liable for any tax judgment including penalties and interest.)

\_\_\_\_\_ SDSC has received copy of the "Got Choice?" SDS handbook acknowledgement form.

SDS Coordinator Signature: \_\_\_\_\_ Review Date: \_\_\_\_\_ (2/4/14)

\* Support Coordinator will work with the individual/family to identify needs and discuss the process of referring to DHSS for state plan services prior to accessing waiver services. This will ensure that the individual/family is aware that a referral is being made to DHSS.

\* Support Coordinator documents in the ISP the personal assistance needs of the individual.

\* The plan must clarify whether PA is for hands on assistance (state plan) versus cueing/ prompting/training (DD) and whether the service is to be performed in the home only (state plan) versus in the community (DD).

Support Coordinator documents in the ISP:

\_\_\_\_\_ Referred to DHSS for state plan personal care

\_\_\_\_\_ Not referred to DHSS for state plan personal care because: \_\_\_\_\_

\* If the services are appropriate via state plan, the request is sent by the support coordinator to the Call Center at 866-835-3505 (for adults), and 573-751-6246 (for children). The Call Center will pre-screen the referral. If appropriate, they will assign to staff to complete the assessment.

\* When making a referral to DHSS, you will need a signed release to obtain information regarding whether the individual is also in a managed care program.

\* If a child is already receiving Private Duty Nursing services through Healthy Children and Youth there is no need to refer the child to Bureau of Special Health Care Needs for State Plan Personal Care services. If Personal Care services were appropriate for the child, they would be authorized for Personal Care.

\* If DHSS approves eligibility, the ISP must document the hours of personal care services provided through DHSS.

\* Support Coordinator will explain to families that they cannot start DHSS services just to access waiver services, and then stop DHSS services because they are getting DD waiver services.

\* If DHSS denies eligibility, documentation of the denial should be submitted with the plan to UR. Documentation may include either a copy of the adverse action letter to the participant, or documentation of a phone call between the support coordinator and DHSS validating the denial. Phone call documentation must include the date, and the name of the individual validating the denial.

## Missouri Consumer Direct Provider Directory




The Consumer Direct Provider Directory is a service to help an individual or their Designated Representative connect with local Personal Assistants, Support Brokers or Community Specialists who can support them in having a quality life in their home. When a potential employee registers in the directory MO Consumer Direct is notified and they will review the submission before it is posted to the website. It is found at

<https://providers.consumerdirectcare.com/missouri>

## Fiscal Employer Agent (FEA) Services Agreement & FEA Employment Agreement

MO Consumer Direct has mailed to all Individuals/Designated Representatives new FEA Service Agreements and FEA Employment Agreements which must be signed and returned to their office by November 15, 2014. If MO Consumer Direct does not receive the new Agreements by the deadline the employees will be deactivated and unable to enter time into the system until the signed agreements are received. Please call their office at 1-877-532-8565 if you have any questions or do not receive your Agreements.



MISSOURI SELF-DIRECTED SUPPORTS  
FISCAL EMPLOYER AGENT  
SERVICES AGREEMENT

This Fiscal Employer Agent Services Agreement (Agreement) is made and entered into as of \_\_\_\_\_ (Start Date) between Missouri Consumer Direct, LLC and \_\_\_\_\_ Individual, and/or \_\_\_\_\_ their Guardian and/or \_\_\_\_\_ Designated Representative, if appointed by the Individual or Guardian.

**DEFINITIONS**

- The "Employer" is the Individual who has a disability and who receives services through the Missouri Department of Mental Health, Division of Developmental Disabilities (DMH-DD). A Designated Representative (DR) may be authorized by the Individual/Guardian to manage day-to-day employee activities on the Individual's behalf. In the case of a minor child the "Employer" is the parent/guardian of the Individual receiving services. The Federal Employer Identification Number (FEIN) Holder will be the Employer (of Record and of Fact) and can employ persons to provide services to the Individual.
- Missouri Consumer Direct, LLC (Consumer Direct) is the "Fiscal Employer Agent" (FEA). As authorized under IRS Revenue Procedure 70-6 for the purpose of payroll and payroll reporting services, the FEA will file on behalf of the Employer/FEIN Holder.
- DMH-DD and its agent, associated with the Self-Directed Supports Program is the entity that governs services and authorizes the Individual Service Plan (ISP) and budget. The DMH-DD recognizes that Consumer Direct, acting as the FEA, will provide Fiscal Management Service (FMS) to the Employer/DR.

**SERVICES TO BE PROVIDED**


The Employer/DR agrees to hire employee(s) to provide services as described in the ISP and consistent with the DMH-DD Home and Community-Based Services (HCBS) Waiver. The hourly wage will be set as indicated in the Budget Summary portion of the ISP and approved by the DMH-DD.

Self-Directed Services include:	Procedure Code
Personal Assistant	T1019 U2
Medical/Behavioral Personal Assistant	T1019 TG
Support Broker	T2041 U2
Community Specialist	T1016 U2
Team Collaboration	G9007 U2

**PAYMENT FOR SERVICES**

The Employer/DR acknowledges that DMH-DD has contracted with an FEA and that entity is responsible for: (a) providing employee(s) with a time sheet to be completed each pay period; (b) calculating, withholding, filing and paying all applicable Federal, State and local withholding and payroll taxes and other deductions, if any; (c) paying the balance to the Employee(s) by direct deposit or paycard; and (d) preparing standard payroll reports including monthly reports of balances.

The Employer/DR shall be responsible for ensuring employees accurately record the hours worked and services performed on the approved time sheet. This time sheet, once approved by the Employer/DR, becomes the basis for payment to the Employee. Any falsification or other misrepresentation of the information on this record will constitute fraud. All payments made as a result of inaccurate time sheet

Rev. 09/25/2014
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# Improving lives THROUGH supports and services THAT FOSTER self-determination.

**MISSOURI DIVISION OF  
DEVELOPMENTAL  
DISABILITIES**



For more information about Self-directed

Supports please visit the Division's website at

<http://dmh.mo.gov/dd/progs/selfdirect.htm>



Fostering Self-determination



Supporting Families



Facilitating Individualized  
Services and Supports



Developing Accessible Housing



Promoting Employment First